



Evaluating the Effectiveness of Telemedicine vs In-Person Mental Health Therapy for Patients Requiring Intense Treatment

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Abstract

In recent years, the use of telemedicine has grown exponentially, offering an alternative to traditional in-person mental health therapy, particularly for patients requiring intense treatment. This research article examines the effectiveness of telemedicine compared to in-person mental health therapy for patients with severe mental health conditions such as major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD). Through a review of recent studies, meta-analyses, and clinical trials, this paper evaluates therapeutic outcomes, patient satisfaction, accessibility, and the limitations associated with each modality. The findings suggest that while both telemedicine and in-person therapy have comparable outcomes in some areas, telemedicine is more accessible but may face limitations concerning therapeutic rapport and patient engagement. The research calls for further studies to address specific populations that may benefit more from one modality over the other.

Keywords: Telemedicine; In-person therapy; Mental health; Intense treatment; Effectiveness; Accessibility; Patient outcomes; Depression; Anxiety; PTSD

Introduction

The increasing demand for mental health services globally has led to the development and expansion of alternative methods of treatment delivery. One such method is telemedicine, which allows patients to receive therapy remotely through digital platforms. As technology has advanced and access to internet services has broadened, telemedicine has become a viable option for patients who might otherwise face barriers to accessing in-person mental health services [1]. This paper aims to compare the effectiveness of telemedicine to traditional in-person mental health therapy for patients requiring intense treatment, such as those suffering from severe depression, anxiety, or PTSD. The ongoing debate on whether telemedicine can provide comparable or superior outcomes to in-person therapy has prompted an increase in research. As the global COVID-19 pandemic accelerated the need for remote treatment options, telemedicine became more widely implemented across various healthcare settings. However, despite its convenience, questions remain regarding the overall effectiveness of telemedicine, especially for patients who require more intensive interventions due to the severity of their mental health conditions [2].

Significance of the Study. Understanding the effectiveness of telemedicine in comparison to in-person therapy for intense mental health treatment is crucial, given the growing reliance on digital platforms in healthcare delivery. By examining outcomes such as therapeutic efficacy, patient engagement, accessibility, and satisfaction, this study can inform clinicians, policymakers, and mental health professionals about the best practices for utilizing telemedicine for patients requiring intense care [3].

Literature review

Telemedicine in mental health: Telemedicine, or teletherapy, has become an increasingly popular option for delivering mental health services. It utilizes video conferencing, phone calls, and messaging platforms to connect patients with their therapists. According to recent studies, telemedicine has demonstrated efficacy in treating a range of mental health conditions, including anxiety, depression, PTSD, and substance use disorders. One meta-analysis of 17 clinical trials found that telemedicine was as effective as face-to-face therapy in reducing

symptoms of depression and anxiety over a six-month period; concerns remain regarding the use of telemedicine for patients who require intense treatment. Building rapport and maintaining a therapeutic relationship is often cited as a potential challenge when therapy is conducted remotely. Some studies suggest that therapists and patients may experience difficulty establishing the same level of intimacy and connection online as they do in person, which could be particularly problematic for those with more severe mental health conditions [4].

Evolution of telemedicine in mental health care

Telemedicine has seen remarkable growth over the last decade, particularly in the realm of mental health care. The concept of telemedicine, defined as the remote delivery of healthcare services using telecommunication technology, has been around since the mid-20th century. Initially, its use was limited to addressing healthcare access issues in remote or underserved areas. However, advancements in digital technology, including internet speed and video communication platforms, have expanded telemedicine's potential for delivering mental health services [5]. The use of telemedicine for mental health therapy has been particularly notable. Studies dating back to the early 2000s documented its use for treating depression and anxiety disorders, with early research showing promising results in terms of patient satisfaction and clinical outcomes. These studies primarily focused on less severe psychiatric conditions and relatively short-term treatments. The primary motivation behind teletherapy was to increase access to mental health care, particularly in regions with a shortage of therapists.

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Son therapy: Traditional in-person therapy has been the cornerstone of mental health treatment for decades. The physical presence of a therapist often provides patients with a sense of security and connection, which is essential for fostering trust and openness. Research indicates that patients receiving in-person therapy for intense mental health treatment generally show significant improvements in clinical outcomes [6]. The interactive in-person sessions allows for non-verbal communication and real-time emotional support, which can be particularly beneficial for individuals struggling with severe disorders such as PTSD and major depression. Additionally, therapists can employ a broader range of therapeutic techniques in an in-person setting. For example, cognitive-behavioral therapy (CBT), exposure therapy, and group therapy may be more easily facilitated in person, allowing therapists to provide immediate feedback and guidance [6].

Methodology

Research design: This study uses a comparative research design, focusing on both qualitative and quantitative analyses. Data were collected from existing clinical trials, meta-analyses, and observational studies that compared telemedicine and in-person therapy for patients requiring intense treatment.

Sample and data collection

The sample consisted of data from 25 randomized controlled trials (RCTs) and meta-analyses published in peer-reviewed journals between 2010 and 2023. The included studies focused on patients with severe mental health conditions, such as major depressive disorder, generalized anxiety disorder, and PTSD, who required intensive intervention. Data collected included patient outcomes, therapeutic engagement, satisfaction levels, and accessibility.

Data analysis

The data were analyzed using a mixed-methods approach. Quantitative data, such as clinical outcomes and symptom reduction, were analyzed using statistical methods like t-tests and chi-square analyses. Qualitative data, including patient satisfaction and therapist experiences, were evaluated through thematic analysis to identify recurring themes and patterns in feedback.

Results

The analysis revealed that both telemedicine and in-person therapy resulted in similar outcomes for patients with severe mental health conditions in terms of symptom reduction and clinical improvement. Of the studies analyzed, 68% found no significant difference between telemedicine and in-person therapy concerning symptom improvement for patients with intense mental health needs. However, certain subgroups, such as those with complex PTSD, showed slightly better results in in-person settings due to the need for more interactive and face-to-face therapeutic techniques. Telemedicine offered significant advantages in terms of accessibility and convenience. Patients living in rural or underserved areas were more likely to attend regular sessions via telemedicine, as it eliminated the need for travel. Additionally, telemedicine reduced wait times for appointments and allowed for greater flexibility in scheduling. Patient Engagement and Satisfaction were comparable outcomes, patient satisfaction varied between the two modalities. While many patients reported a preference for telemedicine due to its convenience, others expressed concerns about the lack of personal connection with their therapists. Studies indicated that patients who required intense therapy, such as those with trauma-related disorders, were more likely to feel disengaged during

telemedicine sessions.

Discussion

The findings suggest that telemedicine is an effective alternative to in-person therapy for patients requiring intense mental health treatment. However, it is not without limitations. For some patients, especially those with severe trauma, the therapeutic relationship may be better supported in an in-person setting. Therapists must consider the unique needs of each patient when deciding which modality is most appropriate. The increased accessibility of telemedicine is a notable benefit, particularly for populations with limited access to in-person services [7]. However, it is essential to explore hybrid models that allow patients to switch between in-person and telemedicine sessions based on their evolving needs and preferences. One of the most critical findings in this research is that telemedicine has shown to be an effective alternative to in-person therapy for many patients requiring intense mental health treatment. Multiple studies analyzed within this review demonstrate that telemedicine is associated with significant symptom reduction in conditions such as major depressive disorder, generalized anxiety disorder, and PTSD. These outcomes are comparable to those achieved through in-person therapy, indicating that telemedicine can provide meaningful clinical benefits for patients with severe mental health conditions [8]. This equivalency in outcomes can be attributed to several factors. First, telemedicine still allows for real-time, synchronous communication between therapist and patient, which is vital for any therapeutic intervention. Therapists can continue to implement evidence-based treatments such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and other psychotherapeutic modalities effectively in virtual settings. Additionally, telemedicine platforms have improved significantly, offering secure, user-friendly interfaces that facilitate communication and collaboration between therapist and patient. However, the strength of telemedicine as an alternative to in-person therapy is most evident in its ability to overcome geographical and logistical barriers. Patients in rural or underserved areas, who may otherwise lack access to mental health services, can now connect with therapists remotely [9]. This accessibility is particularly crucial for those requiring regular, intense therapy sessions, as it reduces missed appointments and offers greater flexibility in scheduling. While telemedicine offers clear advantages in terms of accessibility, concerns remain regarding its potential limitations in fostering therapeutic rapport and patient engagement. This study's findings suggest that for some patients requiring intense treatment, such as those with severe PTSD or complex trauma histories, telemedicine may not provide the same level of engagement as in-person therapy. The ability to establish a strong therapeutic alliance is essential for effective mental health treatment, particularly for patients dealing with complex emotional and psychological issues. Several studies reviewed in this research indicate that patients in teletherapy sometimes struggle with feelings of emotional distance from their therapists. The lack of non-verbal cues, which are integral to communication and connection in face-to-face settings, can be a barrier to building trust and rapport. Patients with intense emotional needs may benefit from the physical presence of a therapist, where subtle body language, eye contact, and proximity can enhance feelings of safety and empathy. Furthermore, therapists themselves have reported challenges in gauging emotional responses or mental states remotely. For example, some therapists note that it is harder to assess the level of distress a patient may be experiencing when subtle changes in posture, facial expression, or eye movement are less visible. This challenge can limit the therapist's ability to provide immediate, tailored interventions or support during particularly intense sessions

[10]. While telemedicine is effective for many patients, there may be subgroups for which in-person therapy is more suitable, especially those who require highly interactive therapeutic techniques. Patients with severe PTSD, for instance, often benefit from exposure-based therapies or EMDR (eye movement desensitization and reprocessing), which can be more challenging to implement effectively via telemedicine. In-person settings allow for more controlled environments in which these techniques can be safely applied, and the therapist can closely monitor the patient's reactions. Moreover, patients with co-occurring disorders, such as substance use disorders and mental health conditions, may benefit more from in-person therapy, where a more structured, supportive environment can be provided [11]. Group therapy, which plays a critical role in the treatment of conditions like addiction, may also be more effective when conducted in person, as the dynamics of peer interaction and accountability are difficult to replicate through telemedicine platforms. Given the advantages and limitations of both telemedicine and in-person therapy, this study supports the idea that hybrid models of care could provide the most effective treatment option for patients requiring intense mental health care. A hybrid approach would allow patients to benefit from the convenience and accessibility of telemedicine while maintaining the option for in-person sessions when needed. For example, patients could attend teletherapy sessions for routine check-ins or less intensive treatments, while reserving in-person therapy for crisis intervention or trauma-based therapies. Hybrid models would also offer the flexibility for patients to tailor their treatment to their evolving needs [12]. A patient recovering from severe depression, for example, could begin treatment with frequent in-person sessions to establish a strong therapeutic foundation and gradually transition to telemedicine as their symptoms stabilize. This flexibility not only enhances patient autonomy but may also reduce treatment dropout rates, as patients can adjust their therapy based on changing life circumstances, such as work commitments or mobility challenges.

Conclusion

Telemedicine presents a promising alternative to in-person therapy, offering comparable outcomes in many cases, particularly in terms of symptom reduction and clinical improvement. However, for patients requiring intense treatment, such as those with severe PTSD or depression, in-person therapy may provide a more robust therapeutic environment that fosters greater patient engagement. A hybrid approach, combining the best elements of both modalities, may offer the most comprehensive treatment option for these patients. Future

research should focus on identifying specific patient populations that may benefit more from one modality over the other and exploring ways to integrate telemedicine into a broader continuum of care.

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Conflict of Interest

None

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